

pubes covered with a thick crop of dark-brown hair, presenting the appearance of a youth of seventeen or eighteen; hair is also commencing to grow on his upper lip. His height is about four feet nine inches, and he is big and muscular in proportion. His voice, for more than a year, has been gruff and hoarse, as that of puberty, and he has had hair on the pubes since he was three years of age. He was so wild and mischievous that the magistrates placed him in an industrial school. He has now been committed for five years. He took away a tradesman's cart, upset it on the roadside, cut the harness into pieces, and galloped the horse about till he was tired of the fun, and then let it go. His clothes were taken away from him, and he was put to bed, to keep him from further mischief. He, however, managed to find his grandfather's best black trousers, cut off the bottoms, so that they might fit him, and escaped through the window. One day recently he found some pigs straying, and drove them some miles to a butcher, and tried to sell them; failing to do so, he gave them away to some one he met. It required three policemen to take him to the workhouse (to which he was sent until arrangements could be made for his removal to the industrial school), and when they had carried him there, face downward, as they were compelled to do he smashed a bedstead into atoms, kicked the plaster off the walls, cursed and swore in a most fearful manner, and had to be removed to the police-station for safety. He was not a large baby at birth, but grew rapidly after twelve months. He commenced to cut his permanent teeth between four and five years of age. His father is in a lunatic asylum, a melancholiac. This is one of those "queer children of insane parentage" whom Dr. J. P. Gray has never encountered, although Drs. Godding, Nichols, Hughes, and every American and European alienist of repute have.

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PSYCHICAL SYMPTOMS AND EAR-DISEASE.—Fürstner (*Berliner klinische Wochenschrift*, No. 18, 1883) describes cases in which ento-ic sounds due to anæmia produced a sharp melancholia. The patients' anæmia was cured; the sounds disappeared, and then their psychosis vanished. In other causes aural disease furnished support for insane ideas. In another class of cases periods of excitement accompanied middle-ear suppuration. In one case a profuse hyoid aural discharge brought a melancholia to an end.

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SIALORRHOEA IN THE INSANE is often a very disagreeable complication. Among the measures prescribed for its relief is atropine. Dr. E. Duiat (*Giornale Internazionale de Science Med.*, July, 1883) has had very good results from the hypodermic use of one to three milligrammes of atropine.

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FAMILY COLONIES FOR THE INSANE have been found of most benefit in the case of incurable cases. Helweg (*Hospitals Tidende*,

Band iv, 1883) is of opinion that in certain curable cases similar colonies would have beneficial results.

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TREPHINING IN TRAUMATIC INSANITY.—Dr. J. P. McGee (*Mississippi Valley Medical Monthly*, Feb., 1883) reports the following case: In 1863, a child had his frontal bone crushed by a kick from a mule. He recovered, but a deep depression remained in the forehead. Thirteen years subsequently he manifested cephalalgia, occasional dizziness, and four years later periodical attacks of insanity occurred. June, 1882, Dr. McGee trephined and removed a disk of bone from the under surface of which an exostosis projected through the dura mater. The pain immediately vanished, and has not returned, and the attacks of insanity are growing gradually less frequent and less severe. The opening in the skull, left by the removal of the disk, is firmly filled with osseous substance, and he has no sensation to remind him that his head was ever hurt. The trephining was, to say the best, useless. Had it been of any value the effects would have been immediate, due to the removal of the source of irritation. That the attacks are growing less severe seems to show that there were cortical changes which would be unaffected by trephining. The great trouble in the majority of these cases is that what has been aptly styled the "traumatic neurosis" results, and then the simple removal of sources of irritation is without effect.

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EYE-AFFECTIONS IN PROGRESSIVE PARESIS.—Charles Dutugue (*L'Encephale*, Jan., 1883) claims that in the first stage of progressive paresis there is always irregularity of the pupils, papillary congestion, retinal, arterial, and varicose dilatation. In the second stage the lesions are more marked, with the addition of decided papillary and peripapillary oedema. The disk is often obscured or masked by oedema, proportionate in extent to the duration of the disease. In the last stage, the papilla is small, flat, and gray in color; the vessels which normally give it a pink tint having disappeared, from optic atrophy. Atrophy of the choroid, retinal hemorrhages, and granulations of the retina and choroid also occur. These findings are but an extension of those of Clifford Albutt ("Ophthalmoscope in Nervous Disease"). C. Albridge (*West Riding Asylum Reports*, vols. i and ii), Monti (*De l'ophthalmoscope dans les maladies Mentales*), and Spitzka (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1877, page 270) have shown that these claims are much too positive, and that cases can be found in which eye-lesions are absent.

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DOES THE STATE PRESUME EVERY MAN TO BE SANE?—This question was raised by Mr. Scoville during the Guiteau trial. He insisted, in accordance with the spirit of the law which presumes every man innocent till proven guilty, that sanity consti-